

# First Steps

The following steps are what the school health nurse should do when a newly diagnosed student with diabetes is seen or presents. These steps are in sequential order and the forms mentioned and included in the manual will give you all of the tools needed to complete these steps. It is recommended that you prepare your student's file prior to school starting so all necessary paperwork and approval signatures can be obtained.

1. School nurse initiates the ***Diabetes Health History Form and Management Planning Tool*** and arranges for a family conference prior to the student's entry or return to school.
  - The American Diabetes Association's curriculum "***Diabetes Care Tasks at School: What Key Personnel Need to Know***" that can be accessed at: <http://www.diabetes.org/schooltraining>
  - The National Diabetes Education Program (NDEP) school manual "***Helping the Student with Diabetes Succeed: A Guide for School Personnel***" Section 2, "***Actions for School Personnel, Parents and Students***", pages 32-46.
2. School nurse interviews the parent/guardian; completes the ***Diabetes Health History Form and Management Planning Tool***, a ***HIPAA-Compliant Authorization for Exchange of Health & Education Information***, and a ***HIPAA-Compliant Authorization for Release of Health Information***; and has the forms signed by the parent/guardian. At this time, the school nurse provides the parent/guardian with the ***Prescription Medication Order and Permission to Administer Medication and to Test Blood Sugar Form*** to be completed by the health care provider and returned to the school nurse to keep on file.
3. School nurse prepares the ***Letter to Health Care Provider Regarding Health Care Plan*** and sends it to the health care provider with appropriate attachments (i.e., ***Emergency Action Plan Diabetes Healthcare***, etc.).
4. Parent/guardian provides the school with blood glucose monitoring equipment and supplies, medications, and snacks for treatment of hypoglycemia. (Information on glucose monitoring equipment and supplies, and snacks for treatment of hypoglycemia can be found in the Glucose Management section of this manual. Information on medications can be found in the Medications section of this manual.)
5. School nurse trains appropriate designated school staff in emergency action procedures and disseminates information regarding diabetes to appropriate school staff. For example, the classroom teacher and assistant, playground supervisors, lunchroom monitors, bus drivers, coaches, etc. Training of school staff should be documented on the ***Staff Training Record*** and kept in appropriate files. The following resources are appropriate for training school staff:
  - "***Special Health Care Needs: Administrative Guidelines***" - contains information for developing a 504 Plan, as well as sample forms.
  - "***Health Services Department Emergency Plan - Diabetes***" Sample #2, is another example of an Emergency Plan that can be used as an alternative for the Emergency Action Plan Diabetes Healthcare.
6. School nurse completes the ***Blood Glucose and Insulin Procedures*** form after observation of the student (if the student will do self-monitoring at school).
7. School nurse plans for the nutritional needs and supplementary snacks and initiates an appropriate ***504 Dietary Plan*** if indicated. Be sure to communicate with your food service manager to confirm the nutrition content of meals.
8. School nurse initiates and evaluates the student's ***Individualized Health Plan (IHP)*** and makes modifications as needed. (A blank IHP form is provided for the school nurse's convenience.)
9. School nurse maintains consistent communication with student, staff, and parent/guardian, in order to provide for the appropriate plan of care.

Additional forms and resources that are included in this section that will be useful to school staff:

# Diabetes Health History Form and Management Planning Tool

*The purpose of this form is to aid the school nurse in gathering the information necessary to develop the student's Individualized Health Plan and Emergency Action Plan.*

**Effective Dates:** \_\_\_\_\_

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Diagnosis: ☐ diabetes type 1 ☐ diabetes type 2 Date of diabetes diagnosis: \_\_\_\_\_

Last hospitalization/ER visit for diabetes: \_\_\_\_\_ Has glucagon ever been administered? ☐ Yes ☐ No

## CONTACT INFORMATION

**Mother/Guardian:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

## Student's Doctor/Health Care Provider:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

## Other Emergency Contacts:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Notify parents/guardian or emergency contact in the following situations:

\_\_\_\_\_  
\_\_\_\_\_

## Diabetes Health History Form and Management Planning Tool (*continued*)

### BLOOD GLUCOSE MONITORING

Target range for blood glucose is ☐ 70-150 ☐ 70-180 ☐ Other \_\_\_\_\_

Usual times to check blood glucose \_\_\_\_\_

Times to do extra blood glucose check (*check all that apply*)

☐ before exercise

☐ after exercise

☐ when student exhibits symptoms of hyperglycemia

☐ when student exhibits symptoms of hypoglycemia

☐ other (explain): \_\_\_\_\_

Can student perform own blood glucose checks? ☐ Yes ☐ No

Exceptions: \_\_\_\_\_

Type of blood glucose meter student uses: \_\_\_\_\_

### INSULIN

Type and dosage of insulin: \_\_\_\_\_ Timing: \_\_\_\_\_

Type and dosage of insulin: \_\_\_\_\_ Timing: \_\_\_\_\_

1. Can student give own injections? ☐ Yes ☐ No

2. Can student determine correct amount of insulin? ☐ Yes ☐ No

3. Can student draw correct dose of insulin? ☐ Yes ☐ No

### FOR STUDENTS WITH INSULIN PUMPS

Type of pump: \_\_\_\_\_ Basal rates \_\_\_\_\_ 12 am to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

Type of insulin in pump: \_\_\_\_\_ Type of infusion set \_\_\_\_\_

Insulin/carbohydrate ratio: \_\_\_\_\_ Correction factor: \_\_\_\_\_

#### Student Pump Abilities/Skills:

Count carbohydrates

Correct bolus amount for carbohydrates consumed

Calculate and administer corrective bolus

Calculate and set basal profiles

Calculate and set temporary basal rate

Disconnect pump

Reconnect pump at infusion set

Prepare reservoir and tubing

Insert infusion set

Troubleshoot alarms and malfunctions

#### Needs Assistance

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

## Diabetes Health History Form and Management Planning Tool (*continued*)

### FOR STUDENTS TAKING ORAL DIABETES MEDICATIONS

Type and dosage of medication: \_\_\_\_\_ Timing: \_\_\_\_\_

Other medications: \_\_\_\_\_ Timing: \_\_\_\_\_

Other medications: \_\_\_\_\_ Timing: \_\_\_\_\_

### MEALS AND SNACKS EATEN AT SCHOOL

Is student independent in carbohydrate calculations and management? ☐ Yes ☐ No

<u>Meal/Snack</u>	<u>Time</u>	<u>Carbohydrate servings/grams</u>
Breakfast	_____	_____
Mid-morning snack	_____	_____
Lunch	_____	_____
Mid-afternoon snack	_____	_____
Dinner	_____	_____

Snack before exercise? ☐ Yes ☐ No

Snack after exercise? ☐ Yes ☐ No

Other times to give snacks and content/amount: \_\_\_\_\_

Preferred snack foods: \_\_\_\_\_

Foods to avoid, if any: \_\_\_\_\_

Instructions for when food is provided to the class (e.g., as part of a class party or food sampling event):

\_\_\_\_\_  
\_\_\_\_\_

### EXERCISE AND SPORTS

A fast-acting carbohydrate such as \_\_\_\_\_ should be available at the site of exercise or sports.

Restrictions on activity, if any: \_\_\_\_\_

Student should not exercise if blood glucose level is below \_\_\_\_\_ mg/dl or above \_\_\_\_\_ mg/dl or if moderate to large urine ketones are present.

### HYPOGLYCEMIA (LOW BLOOD SUGAR)

Usual symptoms of hypoglycemia: \_\_\_\_\_

Treatment of hypoglycemia: \_\_\_\_\_  
\_\_\_\_\_

Has glucagon ever been administered? ☐ Yes ☐ No

## Diabetes Health History Form and Management Planning Tool (*continued*)

### HYPERGLYCEMIA (HIGH BLOOD SUGAR)

Usual symptoms of hyperglycemia: \_\_\_\_\_

Treatment of hyperglycemia: \_\_\_\_\_

Urine should be checked for ketones when blood glucose levels are above \_\_\_\_\_ mg/dl.

Treatment for ketones: \_\_\_\_\_

### SUPPLIES TO BE KEPT AT SCHOOL

\_\_\_\_\_ Blood glucose meter, blood glucose test  
strips, batteries for meter  
\_\_\_\_\_ Lancet device, lancets, gloves, etc.  
\_\_\_\_\_ Urine ketone strips  
\_\_\_\_\_ Insulin vials and syringes

\_\_\_\_\_ Insulin pump and supplies  
\_\_\_\_\_ Insulin pen, pen needles, insulin cartridges  
\_\_\_\_\_ Fast-acting source of glucose  
\_\_\_\_\_ Carbohydrate containing snack  
\_\_\_\_\_ Glucagon emergency kit

### ACKNOWLEDGED AND REVIEWED WITH:

\_\_\_\_\_  
Student's Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
Date

**Draft**  
**ABC PUBLIC SCHOOLS**  
**HIPAA-Compliant Authorization for Exchange of Health & Education Information**  
**-Sample-**

**Patient/ Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I hereby authorize \_\_\_\_\_ [insert health care provider name & title]  
and \_\_\_\_\_ [insert name & title of school official] to exchange  
health and education information/records for the purpose listed below.

\_\_\_\_\_ [insert address & telephone of school/school district]

\_\_\_\_\_ [insert address and telephone of health care provider]

**Description:**

**The health information to be disclosed consists of:**

**The education information to be disclosed consists of:**

**Purpose: This information will be used for the following purpose(s):**

1. Educational evaluation and program planning
2. Health assessment and planning for health care services and treatment in school
3. Medical evaluation and treatment
4. Other: \_\_\_\_\_

\_\_\_\_\_

**Authorization**

This authorization is valid for one calendar year. It will expire on \_\_\_\_\_ [insert date]. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that health records, once received by the school district, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act. I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature\*

\_\_\_\_\_  
Date

\*If a minor student is authorized to consent to health care without parental consent under federal or state law, only the student shall sign this authorization form. In Connecticut, a competent minor, depending on age, can consent to outpatient mental health care, alcohol and drug abuse treatment, testing for HIV/AIDS, and reproductive health care services.

Copies: Parent or student\*

Physician or other health care provider releasing the protected health information

School official requesting/receiving the protected health information

PSA - Rev. 4/15/03

By Connecticut State Department of Education, Nadine Schwab, & Connecticut Chapter, American Academy of Pediatrics; adapted format from Ohio.

**Draft**  
**ABC PUBLIC SCHOOLS**  
**HIPAA-Compliant Authorization for Release of Health Information**  
**- Sample -**

**Patient/Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I hereby authorize \_\_\_\_\_ [insert health care provider name, address and telephone] to release my/my child's health information/records for the purpose listed below to:

\_\_\_\_\_ [insert name of school official]

\_\_\_\_\_ [insert name of school/school district]

\_\_\_\_\_ [insert school address and telephone]

**Description:**

**The information to be disclosed consists of:**

**Purpose:**

**This information will be used for the following purpose(s):**

**Authorization**

This authorization is valid for one calendar year. It will expire on \_\_\_\_\_ [insert date]. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that these records, once received by the school district, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act. I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care.

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Student Signature\* Date

\*If a minor student is authorized to consent to health care without parental consent under federal or state law, only the student shall sign this authorization form. In Connecticut, a competent minor, depending on age, can consent to outpatient mental health care, alcohol and drug abuse treatment, testing for HIV/AIDS, and reproductive health care services.

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# Prescription Medication Order and Permission to Administer Medication and to Test Blood Sugar Form

*(To be returned to the school nurse or designee)*

From time to time, it may be necessary for your child to take prescription medicine for treatment of an illness. Medicines that are ordered to be taken less than 4 times a day can and should be taken at home. However, if medicine must be taken 4 or more times a day, or at a specific time scheduled during school hours, the school nurse or designee, as mandated by state law, may dispense medications **ONLY WITH THE FOLLOWING:**

1. Medication order, signed by the physicians
2. Parental authorization, signed by the parent or guardian
3. Original pharmacist labeled bottle.

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## *MEDICATION ORDER*

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medication: \_\_\_\_\_

Directions: \_\_\_\_\_

Reason for giving: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone number of physician or health care provider: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Physician or Health Care Provider)

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## *PERMISSION TO ADMINISTER*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ I hereby give my permission for \_\_\_\_\_ to  
take the above prescription at school as directed.

\_\_\_\_\_  
(Signature of Parent/Guardian)

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## *PERMISSION TO TEST BLOOD SUGAR LEVEL*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ I grant permission for the school nurse or designee to test my child's  
blood sugar level at school during a crisis or emergency situation.

\_\_\_\_\_  
(Signature of Parent/Guardian)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ I grant permission for the school nurse or designee to test this child's  
blood sugar level during a crisis or emergency situation.

\_\_\_\_\_  
(Signature of Physician or Health Care Provider)

Source: "Diabetes Management in the School Setting", 1998, Missouri Association of School Nurses.



# Sample Letter to Health Care Provider Regarding Health Care Plan

Date: \_\_\_\_\_

Dear \_\_\_\_\_ (put applicable title – i.e., MD,  
DO, etc.)

The \_\_\_\_\_ school district  
has been asked to provide specialized health care for your patient  
\_\_\_\_\_.

If it is essential that this procedure be provided during school hours, we will need  
your written order on file.

Attached is a tentative health care plan for this student, including a description of a  
standardized procedure. Please review these materials, make written comments,  
and provide the requested information to guide us in providing a safe school  
environment. We will incorporate your comments and make adjustments in the  
procedure as directed. Services will begin when we have the necessary orders and  
adequately trained personnel in place.

Please feel free to contact \_\_\_\_\_, who  
is assuming the responsibility for the management of this student's health care in  
our school. She (he) can be reached at \_\_\_\_\_  
(add best time to call, if this is pertinent).

Sincerely,

(Sample #1)

# Emergency Action Plan

## Diabetes Healthcare

**Student's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Father/Guardian** \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Mother/Guardian** \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Other person to contact in an Emergency:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Hospital Preferred** \_\_\_\_\_

**Physician(s) or Health Care Provider's Name** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Emergency items to be left at school:**

Glucose tablets \_\_\_\_\_ Glucagon \_\_\_\_\_

Snacks \_\_\_\_\_ Blood glucose meter \_\_\_\_\_

Glucose Gel \_\_\_\_\_ Insulin \_\_\_\_\_

\_\_\_\_\_ Syringes \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

In the event of a low blood sugar response, the procedure routinely followed at school is: to give some form of sugar or carbohydrate, such as ½ carton of milk, ½ cup fruit juice, or ½ cup non diet soda, followed by crackers with cheese. If the student is unconscious, call 911.

I approve the above emergency healthcare action plan as written Yes \_\_\_\_\_ No \_\_\_\_\_

Please make the following changes to the emergency healthcare action plan:

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- (continued on back) -

## Emergency Action Plan Diabetes Healthcare

List other additional information or significant special health concerns of this student.

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I give permission for emergency blood glucose testing by the school nurse or designee using equipment I have provided. I understand that when the school nurse or designee is not available for emergency blood glucose testing, the parent/guardian will be notified or "911" will be called. Yes \_\_\_\_\_ No \_\_\_\_\_

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Additional directions regarding blood glucose testing: \_\_\_\_\_

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Written and submitted by: \_\_\_\_\_  
Nurse or Designee Date

Reviewed and signed: \_\_\_\_\_  
Parent/guardian Date

\_\_\_\_\_  
Student Date

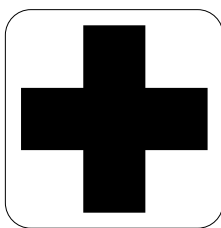
\_\_\_\_\_  
Physician or Health Care Provider Date

To be reviewed \_\_\_\_\_  
Date

The emergency healthcare action plan should be revised according to the child's specific needs, at least annually.

Source: "Diabetes Management in the School Setting", 1998, Missouri Association of School Nurses. Sample of Springfield School District Emergency Action Plan – Diabetes Healthcare.

(Sample #2)



# Health Services Department Emergency Plan DIABETES

In an emergency:

- 1) Stay with child.
- 2) Call/ask someone to call school \_\_\_\_\_ who will assess child and summon EMS if needed.

<b><u>IF YOU SEE THIS:</u></b>	<b><u>DO THIS:</u></b>
(Based on this child's current condition, a Medical Emergency for this child is:)	
<b>IF student is not responsive (unconscious, having seizures, or is unable to swallow)</b>	<ul style="list-style-type: none"><li>• <b>CALL 911...</b>Call Parents/Guardians</li><li>• Don't attempt to give anything by mouth.</li><li>• Position on side, if possible.</li><li>• Contact school nurse or trained diabetes personnel.</li><li>• Administer glucagon, as prescribed.</li><li>• Stay with student.</li></ul>
<b>IF student is non-responsive, but able to swallow</b>	<ul style="list-style-type: none"><li>• Squirt _____ inside cheek closest to ground.</li><li>• _____ is kept in _____.</li><li>• Measure Blood Sugar with monitor (to be done by _____).</li></ul>
<b>IF student is responsive</b>	<ul style="list-style-type: none"><li>• Hypoglycemic (low blood sugar) reaction: IF Blood Sugar reading is _____ or below, then give _____.</li><li>• Hyperglycemia (high blood sugar) reaction: Keep student walking or sitting and drinking water.</li><li>• If Blood Sugar is &gt; _____ mg/dl, student, school nurse or assigned person (identify: _____) should check urine for ketones.</li></ul>

## **IMPORTANT EMERGENCY NUMBERS:**

_____	_____
_____	_____
_____	_____

Adapted from: "Diabetes Management in the School Setting", 1998, Missouri Association of School Nurses.  
Sample from Lee's Summit School District.

# Staff Training Record

<i>Staff Member Name</i>	<i>Date</i>	<i>Training Description*</i>	<i>Signature of Trainer</i>	<i>Notes</i>

\*Training Description (e.g., Diabetes Basics, Monitoring, Insulin and Glucagon, Diabetes Emergencies)

The following resources are appropriate for training school staff:

- The American Diabetes Association's curriculum "Diabetes Care Tasks at School: What Key Personnel Need to Know" which can be accessed at: <http://www.diabetes.org/schooltraining>.
- The National Diabetes Education Program (NDEP) school manual "Helping the Student with Diabetes Succeed: A Guide for School Personnel" Section 2, "Actions for School Personnel, Parents and Students", pages 32-46.

# Blood Glucose and Insulin Procedures

(Name of Student)	(Grade/Teacher)	
(Name of Physician or Health Care Provider)	(Contact telephone #)	
(Name of Medication)	(Dosage)	(Time)

Medication must be dispensed following the School District Medication Policy.

## **RESPONSIBILITIES FOR MONITORING BLOOD GLUCOSE AND ADMINISTERING INSULIN:**

### OBSERVED

YES NO

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes Checklist returned   |
| <input type="checkbox"/> | <input type="checkbox"/> | Correct use of blood glucose monitor  |
| <input type="checkbox"/> | <input type="checkbox"/> | Demonstrates knowledge of self-administration of insulin  |
| <input type="checkbox"/> | <input type="checkbox"/> | Proper timing and documentation of monitoring blood glucose   |
| <input type="checkbox"/> | <input type="checkbox"/> | Proper timing for administration of insulin   |
| <input type="checkbox"/> | <input type="checkbox"/> | Demonstrates appropriate use of supplies  |
| <input type="checkbox"/> | <input type="checkbox"/> | Follows appropriate method for disposal of supplies   |
| <input type="checkbox"/> | <input type="checkbox"/> | Keeps treatment for low/high blood sugar with own belongings in case of a secondary student in his/her own locker |
| <input type="checkbox"/> | <input type="checkbox"/> | Agrees to seek assistance from school personnel as needed   |

***The student (does/does not) demonstrate meeting the above specified responsibilities. The privilege of monitoring blood glucose and self-administration of insulin (will/will not) be allowed.***

(Student's Signature)	(Date)	(RN's Signature/Date)
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Comments: \_\_\_\_\_

*My child will be responsible for carrying this medication and will self-administer. My child agrees to follow the District's procedures concerning the handling and administration of this medication.*

(Parent/Guardian's Signature)	(Date)
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Source: "Diabetes Management in the School Setting", 1998, Missouri Association of School Nurses.

# Expectations of the Student in Diabetes Care

“Children and youths should be able to implement their diabetes care in school with parental consent to the extent that is appropriate for the student’s development and his or her experiences with diabetes” (*Diabetes Care*, 25:S122-S125, 2002 © 2002 by the American Diabetes Association). The “Blood Glucose and Insulin Procedures” form outlines what a student is capable of performing and how medication will be dispensed according to School District’s Medication Policy.

Below is an outline of ages at which children should be able to perform self-care tasks.

1. *Preschool and day care.* The preschool child is usually unable to perform diabetes tasks independently. By 4 years of age, children may be expected to generally cooperate in diabetes tasks.
2. *Elementary school.* The child should be expected to cooperate in all diabetes tasks at school. By age 8 years, with supervision most children are able to perform their own fingerstick blood glucose tests. By age 10, with supervision some children can administer insulin.
3. *Middle school or junior high school.* The student should be able to administer insulin with supervision and perform self-monitoring of blood glucose when not experiencing a low blood glucose level.
4. *High school.* When not experiencing a low blood glucose level, the student should be able to perform self-monitoring of blood glucose. In high school, adolescents should be able to administer insulin without supervision.

*Reminder* – at any age, individuals with diabetes may require assistance to perform a blood glucose test when blood glucose is low.

Source: “*Diabetes Care*” 25:S122-S125, 2002 © by the American Diabetes Association, Inc.

# HEALTH SERVICES BLOOD GLUCOSE RECORD

**Student** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Lunch time** \_\_\_\_\_ **P.E. time** \_\_\_\_\_

**A.M. Snack time** \_\_\_\_\_ **P.M. Snack time** \_\_\_\_\_

[illegible]

Source: “Diabetes Management in the School Setting”, 1998, Missouri Association of School Nurses.



# 504 Dietary Plan

Section 504 of the Rehabilitation Act of 1973 assures handicapped students access to school meal service, even if special meals are needed because of their handicap.

“Handicapped student” means any student who has a physical or mental impairment, which substantially limits one or more life activities, has a record of such an impairment, or is regarded as having such an impairment.

If special meals are needed and requested, certification from a medical doctor or health care provider must 1) verify that special meals are needed because of the handicap, and 2) prescribe the alternate foods and forms needed.

Completion of the following by a student’s physician or health care provider will provide the necessary certification:

## **NAME OF STUDENT FOR WHOM SPECIAL MEALS ARE REQUESTED:**

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<u>Food Prescribed</u>	<u>Form Allowed</u> (e.g. fresh, baked, ground, blended, etc.)
Meat & meat alternates	
Milk & milk products	
Bread & cereal	
Fruits & vegetables	

### Other Dietary Information and Directions

I certify the above named student is in need of special school meals prepared from the above-indicated foods and forms because of a handicap.

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Physician or Health Care Provider’s Signature

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Date

Source: “Diabetes Management in the School Setting”, 1998, Missouri Association of School Nurses.

- Meal Plan Sample on Back -

# Meal Plan Sample

**Be sure to communicate with your food service manager to confirm the nutrition content of meals.**

Meal Plan (Calories) \_\_\_\_\_ Date \_\_\_\_\_

Time	Number of Exchanges/Choices	Total Carbohydrate Grams
	____ Carbohydrate group ____ Starch* ____ Fruit ____ Vegetable ____ Milk _____ ____ Meat group _____ ____ Fat group _____	
	____ _____ ____ _____	
	____ Carbohydrate group ____ Starch* ____ Fruit ____ Vegetable ____ Milk _____ ____ Meat group _____ ____ Fat group _____	
	____ _____ ____ _____	
	____ Carbohydrate group ____ Starch* ____ Fruit ____ Vegetable ____ Milk _____ ____ Meat group _____ ____ Fat group _____	
	____ _____ ____ _____	

\*Starches include grains (rice, bread, pasta, etc.), beans, starchy vegetables, and foods listed as “other carbohydrates” on the diabetes exchange lists.

The Joslin Diabetes Center at Harvard University has created web-based materials on carbohydrate counting. “Carbohydrate Counting: As easy as 1-2-3” can be accessed at:  
<http://www.joslin.harvard.edu/education/library/wcarbsug.shtml/>

# Individualized Health Plan (IHP) Sample

Assessment Data	Nursing Diagnosis	Goals	Nursing Interventions	Expected Outcomes
Student has frequent hypoglycemic and/or hyperglycemic events. Student has irregular blood glucose monitoring	Physiological injury due to development of acute complications related to hypoglycemic or ketoacidosis (NANDA 1.6.1) (Taxonomy II NANDA code 00035)	Student (parent) will recognize and treat early signs of insulin shock appropriately and know how to recognize and respond to early signs of ketoacidosis.	Interview student to determine typical low blood sugar symptoms. Evaluate if student understands his/her reaction symptoms in early stages.	The student will be successful in diabetes management in the school setting. The student will manage or have assistance managing low blood sugar episodes.
Student has frequent infections			Monitor blood glucose testing and recording, instruct and reinforce skills PRN.	The student will not experience ketoacidosis.
Student is skipping recommended snacks.			Instruct student in pathophysiology of diabetes at level the student is capable of understanding (age and development appropriate).	The student will perform or have assistance performing blood glucose tests.
			Monitor insulin administration if given at school. Instruct and reinforce skills PRN. Monitor diet adherence, reinforce and instruct PRN. Monitor snack supply.	The student will maintain blood sugar within acceptable range.

Igoe, J., ed. *The School Nurse's Source Book of Individualized Healthcare Plans Volume I*. North Branch, MN, 1993. A complete care plan is available from Sunrise River Press, 39966 Grand Avenue, North Branch, MN 55056, 800-895-4585.

NANDA Nursing Diagnoses: Definitions and Classifications (2001-2002). North American Nursing Diagnosis Association, Philadelphia. Gordon M, Avant K, Herdman H, Hoskins L, Lavin MA, Sparks S, Warren J, Editorial Committee.

# Individualized Health Plan (IHP) Sample

Assessment Data	Nursing Diagnosis	Goals	Nursing Interventions	Expected Outcomes
			Instruct student in meaning of glucose levels and appropriate action required at levels 40-300.	
			Arrange space and time for student to perform self-care activities. Assess student and teacher(s) level of understanding diabetes. Instruct PRN at appropriate level of understanding.	
			Instruct student and teacher(s) in what to do when early low blood sugar symptoms begin.	
			Develop individual emergency plan for (with) student and share with faculty (including plan for administration of glucagons PRN).	
			Support student and family in adaptation to diabetes.	

Igoe, J., ed. *The School Nurse's Source Book of Individualized Healthcare Plans Volume I*. North Branch, MN, 1993. A complete care plan is available from Sunrise River Press, 39966 Grand Avenue, North Branch, MN 55056, 800-895-4585.

NANDA Nursing Diagnoses: Definitions and Classifications (2001-2002). North American Nursing Diagnosis Association, Philadelphia. Gordon M, Avant K, Herdman H, Hoskins L, Lavin MA, Sparks S, Warren J, Editorial Committee.

# Individualized Health Plan (IHP) Sample

Assessment Data	Nursing Diagnosis	Goals	Nursing Interventions	Expected Outcomes
Student displays lack of knowledge regarding medication, diet, blood sugar monitoring and exercise.	Knowledge deficit related to: oral hypoglycemic medication, insulin administration, dietary regimen, exercise requirements, blood sugar monitoring and/or balance of insulin, diet and exercise. (NANDA 8.1.1) (Taxonomy II NANDA code 000126)	Student will increase understanding of pathophysiology of diabetes and develop or improve the skills necessary to manage self.	Instruct student in pathophysiology of diabetes at level the student is capable of understanding (age and development appropriate).	The student will be successful in diabetes management in the school setting.
			Monitor insulin administration if given at school. Instruct and reinforce skills PRN.	The student will demonstrate increased knowledge and skill in medication management.
			Monitor diet adherence, reinforce and instruct PRN.	The student will demonstrate increased knowledge and skill in diet management.
			Instruct student in weight management, monitor weight regularly with student.	

Igoe, J., ed. *The School Nurse's Source Book of Individualized Healthcare Plans Volume I*. North Branch, MN, 1993. A complete care plan is available from Sunrise River Press, 39966 Grand Avenue, North Branch, MN 55056, 800-895-4585.

NANDA Nursing Diagnoses: Definitions and Classifications (2001-2002). North American Nursing Diagnosis Association, Philadelphia. Gordon M, Avant K, Herdman H, Hoskins L, Lavin MA, Sparks S, Warren J, Editorial Committee.

# Individualized Health Plan (IHP) Sample

Assessment Data	Nursing Diagnosis	Goals	Nursing Interventions	Expected Outcomes
			Instruct student in meaning of glucose levels and appropriate action required at levels 40-300.	The student will perform or have assistance performing blood glucose tests.
			Arrange space and time for student to perform self-care activities.	
			Provide reinforcement and praise follow-through for self-management abilities.	

Igoe, J., ed. *The School Nurse's Source Book of Individualized Healthcare Plans Volume I*. North Branch, MN, 1993. A complete care plan is available from Sunrise River Press, 39966 Grand Avenue, North Branch, MN 55056, 800-895-4585.

NANDA Nursing Diagnoses: Definitions and Classifications (2001-2002). North American Nursing Diagnosis Association, Philadelphia. Gordon M, Avant K, Herdman H, Hoskins L, Lavin MA, Sparks S, Warren J, Editorial Committee.

# Individualized Health Plan (IHP) Form

Assessment Data	Nursing Diagnosis	Goals	Nursing Interventions	Expected Outcomes

# Special Health Care Needs: Administrative Guidelines

## INTRODUCTION

The demand for school nursing services has increased in recent years because of increasing numbers of students with special health care needs. This influx has occurred, in part, due to the following changes:

- Advanced medical technology has led to improved survival rates and longer life spans of children with special health care needs.
- Hospitals are discharging children earlier to home and to school while they are still receiving treatment.
- There is a growing trend toward placement of children with severe disabilities in integrated community settings, including their homes or specialized foster parent homes, rather than in institutions.

As a result, special procedures requiring nursing skills such as suctioning tracheostomies, catheterizations, and others are now being requested in the schools—an educational setting, not a medical setting.

These trends are supported by federal statutes, which pertain to the treatment of children with disabilities. Section 504 of the Rehabilitation Act of 1973 prohibits discrimination against children with handicapping conditions, or children who are regarded as handicapped, by recipients of federal funds. School districts must make reasonable accommodations to make their programs and services available to such children. Section 504 provisions are important because the definitions of

children with handicapping conditions is broader than the definition of such children under Public Law 94-142, now known as Individuals with Disabilities Education Act (IDEA). Thus, a child may be eligible for certain services under Section 504, but not be eligible for special education under IDEA. Section 504 does not require an Individual Education Program (IEP) but does require a written plan. (See Appendix F.1 for *Sample Accommodation Form* on page 40.) It is recommended that the district document that a group of individuals familiar with the student's needs met and identified the needed services.

IDEA is the second federal statute that pertains to the issue of school health services. This statute requires local school districts to provide a “free appropriate public education” for eligible children through the provision of special education and related services. Related services have been defined by regulation and by court decisions to include school health services. Criteria for required services include:

1. Can be learned in a reasonable amount of time.
2. Should not require the presence of a physician, medical judgment from extensive medical training, or an undue amount of time to perform.
3. Must be provided or performed during the school day for the pupil to attend school or benefit from his/her educational program.
4. Must be ordered by a licensed physician or surgeon.



The variety of procedures described in these guidelines would clearly be included in the definition of school health services under IDEA; and therefore, may be the responsibility of school districts to provide when they are determined to be necessary for a child with a disability to benefit from the special education program, as determined by the Individual Education Program (IEP).

Quality health care is in the best interest and safety of the students and supports the optimal educational experience. This health care is best provided in the school through assessment, planning and monitoring by a registered nurse, in collaboration with the student's primary physician. Districts enrolling students with complex medical conditions must have access to this type of health care management in order to safely provide for the student's special needs.

### **Purpose**

These administrative guidelines have been developed in order to assist school districts who serve students with complex medical conditions in making informed decisions regarding the delivery of health services at the school. Students with complex medical conditions may be medically unstable, have unpredictable responses to medication or treatment, may need care requiring professional judgment to modify a necessary procedure, or require medication at school. This type of care should be managed by a registered nurse and may include activities that cannot be delegated. Students with non-complex medical conditions may require procedures that can be performed safely as outlined in specific procedural guidelines, with no need for alterations requiring medical judgment. This type of care could be delegated to properly trained personnel. (See Appendix C.1 for the *National*

*Association of School Nurses Position Statement on Case Management of Children With Special Health Care Needs* on pages 29-30 and Appendix C.2 for the *National Association of School Nurses Position Statement on School Nurse Role in Care and Management of the Child With Diabetes in the School Setting* on pages 31-32.)

### **Determination of Services Required**

Districts without school nursing services should consider contracting with the local community health nurse to provide assessment, determine required services, and identify who can safely provide the care. This determination is based on the nurse's evaluation of a number of variables specific to each student. These variables include, but are not limited to:

- Number of medications, action, dosage, side effects of each drug, and route of administration.
- Utilization of medication on an as-needed basis (PRN).
- Nature, frequency, and complexity of prescribed treatments the student requires and the assessment needed for PRN treatments.
- Complexity and acuteness of the observations and judgments the caregiver must make.
- Stability of the student's medical condition, i.e., can the student's condition change dramatically to life threatening within a few seconds/minutes?
- Current specialized knowledge base and proficiency of psychomotor skill required by the proposed caregiver.
- Specific student's ability to communicate his/her needs to the caregiver.
- Level of preparation and experience of the designated direct caregiver.

## Identification of Care Providers

A *Technical Skills Chart* (See Appendix F.2 on pages 41a-h) will assist school districts in clarifying the roles of the school nurse and other school personnel who might be directly involved in providing the health care requested in the school setting.

School districts without the services of a registered nurse should use the Technical Skills Chart in determining what additional personnel would be needed to safely provide for the care of a student with special needs. Special care procedures also include the administration of medication. Factors to be considered when determining who can safely provide these services include:

- Stability of student's condition.
- Complexity of task.
- Level of judgment and skill needed to safely alter the standard procedure in accordance with the needs of the student.
- Level of judgment required to determine how to proceed from one step to the next.

## Competencies of Personnel

The registered nurse should take the responsibility to determine who is competent to provide needed care. See Appendix F.3 on pages 42-43 for a description of the competencies recommended for different levels of personnel. The delegation and supervision by registered nurses of unlicensed assistive personnel (UAP) assisting with the student's care is a major concern and is controlled by the Missouri State Board of Nursing and the Board of Healing Arts. The Technical Skills Chart indicates those procedures which should never be delegated. The registered nurse,

by law, can perform those procedures for which she has the skill and education. In some of the more complex tasks, there will need to be training for the registered nurse provided by a physician, clinical nurse specialist from the tertiary care center, and parents/guardian. Parent(s)/guardian(s) have learned to perform the procedures required by their child and take the responsibility for their care 24 hours a day. They should be involved in the selection and training of school personnel to whom this care is delegated, indicate that they understand who will perform the procedure and be satisfied with the mastery of the care provider. (See Appendix C.3 for the *National Association of School Nurses Position Statement on Using Assistive Personnel in School Health Services Programs* on pages 33-34, Appendix C. 4 for the *Missouri State Board of Nursing Position Statement on Utilization of Unlicensed Health Care Personnel* on page 35, Appendix C.5 for *The National Association of State School Nurse Consultants, Inc. Position Statement on Delegation of School Health Services* on pages 36-37 and Appendix C.6 for the *National Association of School Nurses Position Statement on Delegation* on pages 38-39.)

## Documentation of Plan of Care

It is essential to have a "Health Care Plan" for students with significant special needs. (See Appendix F.4 for a *Sample Individualized Health Care Action Form* on pages 44a-d) This plan serves as a written agreement with the student's parent(s)/guardian(s), health care provider, and school personnel and outlines how the district intends to meet the student's health care needs. This plan is different from the Individualized Health Care Plan designed for nursing intervention. The Action Plan provides for effective and efficient planning and protects both the student and

school personnel. Components of the Health Care Action Plan should include:

- Pertinent information about the student, i.e., names of parent(s)/guardian(s), addresses and phone number(s).
- List of key personnel, both primary care providers and school personnel.
- Emergency information.
- Emergency plan (potential child-specific emergencies).
- Background information, i.e., medical history, summary of home assessment, self care, family and life style factors, baseline health status, required medications and diet, and transportation needs.
- Licensed health care provider's order for medications, treatments or procedures.
- Parent(s)/guardian(s) authorization for specialized health care.
- Plan for specific procedures, with list of possible problems.
- Daily log for procedures.
- Documentation of training, if procedures are delegated.

Students who are in special education and have an IEP should have their Health Care Action Plan referenced in the IEP, and components may be incorporated in the IEP if there are services or learning needs that are appropriate for inclusion.

## Emergency Plan

The needs of a technology-dependent child may require that written protocols be developed to address possible medical emergencies the student may experience while in the school setting. These protocols will be part of the Health Care Action Plan. The protocols would include:

- Definition of a medical emergency for this child.
- List of individuals to be notified when the emergency occurs.
- Identification of person who will initiate and direct the action to be taken.
- Specific action to be taken in this emergency.
- Transportation procedures.

These student-specific emergency plans should be shared with teaching staff and other school personnel, including ancillary staff such as cafeteria workers, custodians, and bus drivers. (See Appendix F.5 for *Sample Emergency Plan Form* on page 45). If the student is transported, specific training and plans should be provided to bus driver (See Appendix F.6 for *Sample Transportation Plan for Student With Special Health Care Needs* on pages 46-47).

# Guidelines for Developing Health Care Action Plans

## Purpose

Enrollment of students with special health care needs in the school setting presents a challenge to students, families and school staff. Development of a health care action plan provides for effective and efficient delivery of services that promote school success for the student and reduces the liability of the school district.

## Responsibilities

### A. Parent/Guardian

The parent/guardian has the most information regarding the unique needs of their child and they should play a major role in the development of the health care action plan. This role includes:

1. Being an advocate for their child.
2. Providing access to health care providers for information and orders for the medications and treatments, as necessary.
3. Participating in the identification and training of providers in the school setting for child-specific procedures.
4. Approval of the health care and emergency plans.
5. Notifying the school nurse of changes in the student's condition, health care providers or health care needs.

### B. Administrator

1. Review the appropriate health and education assessment to determine the needs of the student in the school setting.

2. Provides adequate staffing to address the student's education, transportation, and health needs.
3. Provides time and support for training of registered nurses and other staff, as necessary.
4. Informs the Director of Transportation of the student and potential needs for health care. Provides a copy of the Emergency Plan and arranges for any needed in-service.
5. Manages potential environmental concerns such as:
  - Informing all personnel, including lunchroom and playground staff, of potential environmental concerns.
  - Special equipment needs, such as a wheelchair ramp.
  - Extermination of insects to safeguard students from possible insect bites and stings.
  - Emergency power supply for life-sustaining equipment.
  - Appropriate outlets for health care equipment.
6. Knows the potential need for available emergency medical services.
  - Local emergency unit – level of training.
  - Response time.
  - Cost of transportation.

- Flight rescue available – cost, time from hospital.
7. Communicates with parent(s)/guardian(s):
- Need to participate in developing plan, expressing concerns.
  - Expected costs and who will be responsible.
  - Ensures parent(s)/guardian(s) have supplied the necessary emergency information.

### C. School Nurse

1. Reviews emergency and/or health information and determines which students will require a health care action plan.
2. Obtains significant health data on identified students.
3. Completes a nursing assessment and summarizes data. This data base should include:
  - Age of student at onset of condition.
  - Description of condition/course of illness.
  - Summary of treatment.
  - Other significant illness, allergies.
  - Date last seen by primary health care provider for noted condition.
  - Name, address, and phone numbers for care provider.
  - Significant emergency information for the Emergency Plan:
    - a) What constitutes a medical emergency for this student?
    - b) Preferred hospital.
    - c) What orders, supplies or medications are needed for this medical emergency?
4. Secures signed release of confidential information for all sources of significant medical information.
5. Develops and implements the health care action plan to be carried out at school. This plan should include situations that might arise while the student is on the bus, on field trips, during safety drills, and in the event of a disaster. This plan should include the following components:
  - Student identification data and date of plan.
  - Description of the health condition and possible effects on this student. If multiple problems exist, list each as a separate problem in the action plan.
  - General guidelines for determining action.
  - Procedures to be followed.
  - School personnel to be trained in child-specific procedures and problem management.

- Typed plan, signed by nurse, parent(s)/guardian(s), and administrator.
6. Sends Health Care Plan to physician for review and comments. (See Appendix F.8 for *Sample Letter to Physician Regarding Health Care Plan* on page 50.)
  7. Files health care plan in student's record and notes on emergency card that a health care action plan is on file.

This information was taken from the:

*Manual for School Health Programs*, May 2000, Missouri Department of Elementary and Secondary Education in cooperation with the Missouri Department of Health & Senior Services.

To review the complete manual, visit their website at:

<http://www.dese.state.mo.us/divimprove/curriculum/hp/manualshlhealth/manualindex.html>

# National Association of School Nurses

## Position Statement

### *Case Management of Children With Special Health Care Needs*

#### **HISTORY:**

Both the historic and contemporary role of the school nurse has included case management for children with special health needs. Delivery of health care in the school setting requires the coordination of multiple health and non-health related services. The school nurse has the knowledge, skills, judgment, and critical thinking inherent in nursing education and authorized through nursing licensure to perform efficiently in the role as case manager.

#### **DESCRIPTION OF ISSUE:**

In 1975, legislation was passed that mandated all children, including those with special health care needs, be educated with their peers. Since then, children with more and more complex health care needs have been attending schools throughout the United States (Gelfman, 2001; Gelfman & Schwab, 2001). A partnership among health care providers, students, their families and the school system is essential to provide a smooth transition from home or hospital to school. To enhance this collaborative effort, it is essential for a school-based care manager to oversee the care provided on a case-by-case basis. The school nurse is the logical person to provide this oversight in the school setting, ensuring that the student has access to optimal health and educational success.

#### **RATIONALE:**

Case management is intrinsic to the school nurse's job. School nurses function in the roles of community liaison, health and illness information interpreter to school personnel, direct and indirect care provider, student advocate, and educator to students, families, and school personnel. The school nurse is often the only person in the school setting with medical knowledge about the implications of a child's health status, knowledge of existing health care resources in the community, and understanding of how to access needed health services. The school nurse also has knowledge about the school environment and its potential barriers and facilitators to delivering health services and the provision for optimal educational opportunities.

#### **CONCLUSION:**

Case management of children with special health care needs involves various activities designed to ensure the health and educational success of the child at school. It is the position of the National Association of School Nurses that the school nurse has the knowledge, experience and authority to be the case manager for children with special health care needs. This includes, but is not limited to, the following:

- Being knowledgeable about the services needed by students with special health care needs after collaboration with the student, family and health care provider
- Being knowledgeable about services available in the community and assisting families in obtaining needed services
- Screening for students who would qualify and benefit from case management services for their health care needs
- Providing leadership in interdisciplinary team meetings to assist in planning needed services to meet the health and educational needs of the students
- Implementing the health team's plan of care, by providing either direct or indirect care
- Coordinating continuity of care between home and the school

- Monitoring and evaluating interventions and implementation of the health care plan
- Monitoring and evaluating progress toward identified health and educational goals
- Training, monitoring, and evaluating personnel delegated to perform specific nursing care

A case management team is essential in ensuring care is provided in a coordinated and effective manner for students with special health care needs. The school nurse must assume the leadership position as case manager in this process. The school nurse, in the role of case manager, provides oversight of care and services and serves as the point of contact for communication among the student, family, school staff, and health care provider.

#### **Reference/Resources:**

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4. Gelfman, M. & Schwab, N. (2001). Discrimination in schools: Section 504, ADA, and Title IX. In N. Schwab & M. Gelfman (Eds.), *Legal issues in school health services: A resource for school administrators, school attorneys, school nurses* (pp. 335-371). North Branch, MN: Sunrise River Press.
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6. National Association of School Nurses & American Nurses Association (2001). *Scope and standards of professional school nursing practice*. Washington DC: American Nurses Publishing.
7. Perry, C.S. & Toole, K.A. (2000). Health service applications: Impact of school nurse case management on asthma control in school-aged children. *Journal of School Health*, 70(7), 303-304.
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Adopted: June 1995

Revised: October 2002



# National Association of School Nurses

## Position Statement

### *School Nurse Role in Care and Management of the Child With Diabetes in the School Setting*

#### **HISTORY:**

Diabetes is a common chronic disease of childhood, and most children with diabetes attend school and/or daycare. About 1.7 per 1000 children under age 20 have type 1 diabetes; and about 13,000 new cases of type 1 are diagnosed annually. In addition, children are now being diagnosed with type 2 diabetes, a disease once found only among adults. The reasons for this alarming increase appear to be linked to the rise in childhood obesity and the decline in physical activity. Still, not all people with type 2 diabetes are overweight. At risk populations for type 2 diabetes include African Americans, Native Americans, Hispanic Americans, and Asian Americans.

#### **DESCRIPTION OF ISSUE:**

Each student with diabetes is unique in regard to his or her disease process, developmental and intellectual abilities, and levels of assistance required for disease management. Schools must ensure full participation in academics and provide a safe environment for all students. The student with diabetes presents several variables that could be barriers to full participation if not fully addressed.

The goal of diabetes medical management is to maintain blood glucose levels at or near normal range. Poor or insufficient medical management of diabetes allows fluctuating levels of blood glucose. This fluctuation can lead to immediate consequences in the classroom as well as long-term complications such as damage to the eyes, kidneys, nerves, gums, and blood vessels. Low glucose levels can cause immediate concern with symptoms of pallor, diaphoresis, and a decrease in cognition. If not treated immediately low glucose levels can progress to unconsciousness and death. Despite a quick and favorable response to treatment for a low glucose episode, cognitive ability can remain impaired for several hours. High glucose levels may also present a medical risk to students in the school setting.

To achieve the goal of optimal diabetes medical management the student may need access to a variety of diabetes supplies and may need to perform multiple tasks during the school day. Management strategies for a student with diabetes should be developed considering the knowledge base of the student, developmentally appropriate tasks, the availability of professional staff, and the logistics of the school building. In addition, the student must have access to glucose monitoring equipment, oral or injectable medications including insulin and glucagon, nutritional supplements such as snacks and a fast acting source of glucose, knowledge of the equipment used in their diabetes management (syringes, insulin pen, insulin pump, etc.), a documentation system for blood glucose readings and insulin dosage, and access to a bathroom. A goal of allowing the student to self-manage his or her disease following an individually prescribed regimen in a seamless unrestricted fashion between home and schools is critical to maintaining near normal blood glucose levels.

Knowledgeable personnel must be available at all times including during extra curricular activities and field trips to assist students in managing their diabetes and to respond to emergencies. By having personnel available, medical, academic, and/or behavioral consequences of poor blood glucose control evident in the classroom as well as long-term health effects can be minimized or avoided.

## RATIONALE

Both high and low blood glucose levels affect the student's ability to learn and endanger the student's health. Glucose levels should be as close to the desired range as possible for optimal learning and testing of academic skills. Recent research indicates that maintaining the glucose levels within a narrow range can prevent, reduce, and/or reverse long-term complications of diabetes. The school nurse, as a skilled professional, is in a unique position to provide early identification of children who exhibit symptoms of diabetes and initiate the referral process.

Managing diabetes at school is most effective when the entire school community is involved – school nurses, teachers, counselors, coaches, parents, medical home, and students. The school nurse can provide the coordination needed to elicit cooperation from the school community in assisting the student with diabetes toward self-management of diabetes. The school nurse can be instrumental in preventing and managing emergency conditions that can result from glucose fluctuations by instructing the entire school team on basic diabetes information and management. Emergency conditions are not necessarily the result of a lack of management. Factors such as illness, hormones, or stress may cause a student who closely follows a prescribed regimen to experience an emergency situation. The student with diabetes requires the professional supervision of the school nurse to enhance their self-care skills.

## CONCLUSION:

It is the position of the National Association of School Nurses that school nurses have the professional skills needed to assess and support the child with diabetes in the school setting. School nurses are uniquely prepared to provide information to the multidisciplinary team to develop a 504 Plan or Individual Education Plan/Individual Family Service Plan (IEP/IFSP). The school nurse is the key person to implement this plan. While a 504 or IEP/IFSP diabetes health plan may take into consideration management strategies preferred by the student, their family and medical home, it must also conform to state and federal guidelines, as well as the state nurse practice act and the related rules for delegation.

Further, it is the position of the National Association of School Nurses that schools have a basic duty to ensure that the medical needs of students are addressed in the school setting. Under the direction of the school nurse, management strategies may be incorporated in a seamless fashion between home and classroom to help the student with diabetes stay healthy, be academically focused and participate in all desired academic and extra curricular activities.

## References/Resources:

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Adopted: November 2001

# National Association of School Nurses

## Position Statement

### *Using Assistive Personnel in School Health Services Programs*

#### **HISTORY:**

The health-related needs of students are intensifying in our nation's schools. Student safety is the primary concern in determining whether or how assistants should be used to help professional school nurses to deliver increasingly needed health services to students.

#### **DESCRIPTION OF ISSUE:**

Assistive personnel serve as school nurse extenders by supporting the nurse in the health office, performing clerical functions, and carrying out certain delegated nursing activities on behalf of students. State Nurse Practice Acts and regulations promulgated pursuant to practice acts determine the scope of nursing practice and what nursing activities can be delegated or given to assistive personnel. People employed by the school district may have partial or total responsibility for assisting licensed, registered professional school nurses. These support staff include: unlicensed assistive personnel (UAP), such as school staff, clerical aides, and health/nursing assistants or aides (HA); licensed paraprofessionals, known as licensed practical nurses (LPN) or licensed vocational nurses (LVN); and registered nurses (RN) who do not meet their state's or school district's requirements for qualification as a school nurse. Each type of support staff has unique qualities and limitations as described below:

1. School staff whose job is to deliver, support, or manage education are the least qualified to assist the school nurse in providing physical health care to students. They lack health-specific training, and their job focus may not allow them to devote the care and attention needed to safely deliver health services.
2. Clerical aides who only provide clerical support to the health services program should not be expected to provide direct student health care. They require supervision by the school nurse; and in addition to general clerical training, they will need on-the-job training in such areas as school records management and confidentiality.
3. HAs, at minimum, should have a high school diploma, current certification in CPR and first aid, and on-the-job-training in such subjects as confidentiality and infection control. If the state requires a specified curriculum or certification for nursing/health assistants, HAs in schools must also meet these state regulations. Under virtually all state nurse practice acts, RNs are responsible for directing, delegating to, and supervising these UAPs.
4. LPNs and LVNs usually complete a 12-month course of study beyond high school and pass state licensure, which allows them to practice on a technical level of nursing. LPNs and LVNs can contribute to each step of the nursing process, but cannot independently assess the health status of any student or the student's environment, make a nursing diagnosis, develop the plan of care, or determine when delegation of care to a UAP is appropriate. They work in a team relationship with the registered professional school nurse. Although states may vary in both scope of practice and degree of supervision needed, virtually all state nurse practice acts require that a RN supervise these technical nurses.
5. RNs who do not meet the education and experience qualifications stipulated by the state's department of education or the school district to work as school nurses are nonetheless licensed by the state's board of nursing to practice nursing independently. The school nurse should be responsible for evaluating the outcomes of nursing services for all students, making suitable assignments to the RN, and providing supervision appropriate to the situation.

Key factors for effective and competent use of assistive personnel are role definition, adequacy of training, and appropriate delegation and supervision. School nurses, in collaboration with school and district administration, should develop clear, limited, written practice descriptions and then ensure adequate training and competency to perform identified tasks. Assistive personnel may not be required to make clinical assessments or nursing judgments or to implement nursing tasks requiring licensure. There should be written protocols for handling specific student health issues, with directions for particular signs and symptoms that must be reported to the school nurse. When the school nurse delegates responsibilities, the nurse must be available to provide direction,

supervision, and immediate intervention in a situation as needed. State law, regulations, standards, and rules set by state boards of nursing may determine whether off-site supervision of assistive personnel by RNs is an option. If state-permitted, the school nurse determines when off-site supervision is safe and how frequently on-site supervision is indicated.

It is important that the following issues are considered when using assistive personnel in schools:

- State nurse practice acts, including but not limited to scope of practice and to licensure, delegation, and supervisory responsibilities of RNs in relationship to LPN/LVNs and to certified or registered nursing assistants
- School nurse certification requirements under state education statutes and regulation
- Scope and standards of school nursing practice
- School district job descriptions that are legally appropriate to the level of preparation, expectations, and experience of the assistive personnel
- State and NASN staffing guidelines that consider various safe staffing mixes in relation to the health needs of the student population

## **RATIONALE**

The use of assistive personnel can extend the delivery of health services, but when used to replace professional health care providers, it leads to reduced quality of care to students. For staffing or budgetary reasons, assistive personnel are a necessary adjunct to many school health services programs; and if properly trained and supervised, they can enhance services to students and increase the cost-effectiveness of the program. Staffing decisions must be based on the assistive services needed, scope of practice, competencies, the RNs legal relationship to the assistant, and the amount of time required for on- and off-site supervision. Improved staffing of health services programs seems to result in healthier children who attend school and are more available for learning. While the use of assistive personnel may be an acceptable alternative to enhance this staffing, their improper use cannot only compromise students' quality of care, but also create liability for the district and/or nurse.

## **CONCLUSION:**

It is the position of the National Association of School Nurses that the use of assistive personnel may be appropriate to supplement professional school nursing services in certain situations, but they should never supplant school nurses nor be permitted to practice nursing without a license. The professional school nurse should take the lead in helping school districts appropriately determine whether and how to use assistive health personnel. The school nurse is the only one who is trained and capable of assessing the health needs of the student population and the only one who can legally delegate nursing activities to unlicensed persons. Appropriate nurse to assistant ratios and on-site supervision are essential for ensuring safe delivery of nursing services to students.

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Adopted: June 2002

# Missouri State Board of Nursing

## Position Statement

### *Utilization Of Unlicensed Health Care Personnel*

The mission of the Missouri State Board of Nursing is to assure safe and effective nursing care in the interest of public protection. The Board of Nursing has the legal responsibility to regulate nursing and provide guidance regarding the utilization of unlicensed health care personnel. The Board acknowledges that there is a need and a place for competent, appropriately supervised unlicensed health care personnel to assist, but not replace, licensed nurses.

Unlicensed health care personnel who perform specific nursing tasks without benefit of instruction, delegation, and supervision by licensed nurses may be engaged in the practice of nursing without a license. Such actions by unlicensed health care personnel are a violation of the Missouri Nursing Practice Act [335.066 (10), RSMo]. Unlicensed health care personnel remain personally accountable for their own actions.

The Missouri Board of Nursing recognizes that activities of unlicensed health care personnel need to be monitored to protect the health, welfare and safety of the public. Registered professional nurses may teach, delegate, and supervise licensed practical nurses and unlicensed health care personnel in the performance of certain nursing care tasks [335.016 (9)(e), RSMo; 4 CSR 200-5.010 Definitions]. Under the direction/supervision of registered professional nurses or persons licensed by a state regulatory board to prescribe medications and treatments, licensed practical nurses may teach, delegate, and supervise unlicensed health care personnel in the performance of specific nursing care tasks [335.016 (8), RSMo; 4 CSR 200-5.010 Definitions].

Registered professional nurses and licensed practical nurses must make reasonable and prudent judgements regarding the appropriateness of delegated selected nursing care tasks to unlicensed health care workers. Licensed nurses must ensure that unlicensed health care personnel have documented, demonstrated evidence of appropriate education, training, skills, and experience to accomplish the task safely. Carrying out responsible and accountable supervisory behavior after specific nursing tasks are delegated to unlicensed health care personnel is critical to the health, welfare, and safety of patients [335.016 (9)(e), RSMo; 4 CSR 200-5.010 Definitions]. Licensed nurses who delegate retain accountability for the tasks delegated.

To assist licensed nurses to competently perform critical processes involved in delegating, the Missouri State Board of Nursing subscribes to the use of the National Council of State Boards of Nursing's concept paper on delegation and delegation decision-making tree available at the National Council of State Boards of Nursing's web site address: <http://www.ncsbn.org/public/regulation/delegation.htm>.

Revised 3/3/99

# The National Association of State School Nurse Consultants, Inc.

## Position Statement

### *Delegation of School Health Services*

#### **POSITION**

The National Association of State School Nurse Consultants (NASSNC) recognizes that:

- School nursing services are essential for the health, rehabilitation and well being of the student population in order for them to benefit from educational programs and to maximize energy for learning;
- Both the volume and range of nursing services that must be provided at schools has increased dramatically over the past decade.

As a result, certain aspects of student care may need to be delegated to licensed practical nurses (LPNs) or unlicensed assistive personnel (UAPs). In order to ensure quality and the safe provision of services as necessary for students with health and nursing care needs, NASSNC believes these services should either be directly provided by school nurses who are licensed registered nurses (RNs) and or delegated by the RN to qualified paraprofessionals or unlicensed assistive personnel (UAPs) in accordance with the state nurse practice act. The RN must determine which student care activities may be delegated, under what circumstances it is appropriate to delegate aspects of student care, and by whom the delegated portions of care can safely be provided. The RN is responsible for the assessing, planning, training, supervising, and evaluation of the unlicensed assistive personnel (UAPs).

#### **RATIONALE**

More students with special health care needs are now attending school and placing new demands on school districts. As a result, local school boards must provide sufficient staff and resources to safely meet the needs of students with chronic or urgent health care needs by providing a level of school health nursing services previously not required. Ancillary staff may be useful in some settings in meeting these growing needs. However, safe care for students must be the priority. When all or a certain part of a student's nursing care is delegated by a RN, the performance of the activity or procedure is transferred to another person, but the RN retains the accountability for the outcome. This is similar to the assignment of certain tasks to a classroom assistant while the teacher retains responsibility for the learning outcome.

School administrators are legally responsible for the safety of all students, including the provision of required health services by qualified staff. They have certain responsibilities regarding the educational placement of students but they cannot legally be responsible for deciding the level of nursing care required by an individual student with special health care needs. The RN, based on his or her knowledge, and in accordance with the state's nurse practice act and related state rules and regulations, is responsible for determining whether care should be provided by a licensed nurse or delegated to a trained and supervised unlicensed assistive personnel. Use of non-qualified school staff risks harm to students. In addition, non-licensed school staff can be held liable for their actions if they practice nursing or medicine without a license authorizing such practice.

By professional and legal mandate, RNs are ultimately responsible for the quality of nursing they provide and are personally and professionally liable for all errors in nursing judgment. If the RN's actions violate the requirements of the nurse practice act, the state board of nursing can take disciplinary action against the RN, including revocation of his/her license to practice nursing.

## DEFINITIONS

*Delegation* “the transfer of responsibility for the performance of an activity from one individual to another, with the former retaining accountability for the outcome” (American Nurses’ Association (ANA), 1994, p. 11).

*Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN)*: minimal educational preparation: graduate of a technical program, licensed by the state.

*Unlicensed assistive personnel (UAP)*: “individuals who are trained to function in an assistive role to the registered professional nurse in the provision of [student] care activities as delegated by and under the supervision of the registered professional nurse” (ANA, 1994, p. 2).

*Qualified School Nurse*: “a registered nurse (RN), minimum educational preparation: Baccalaureate Science in Nursing (BSN), licensed by the state. National certification preferred. School nursing is a specialized practice of professional nursing that advances the well being, academic success, and life long achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self management, self advocacy, and learning. (NASN, 1999)

*Supervision* “is the active process of directing, guiding, and influencing the outcome of an individual’s performance of an activity” (ANA, 1994, p. 10).

## SUMMARY

The National Association of State School Nurse Consultants believes that schools have an obligation to ensure the quality and safe provision of school nursing services as necessary for the health, rehabilitation and well being of students with health impairments. Therefore, services should be provided by qualified nursing personnel and with utmost regard for protecting the student. School nursing services should either be directly provided by licensed professional (RN) school nurses or delegated by the RN to qualified paraprofessionals or trained unlicensed assistive personnel (UAPs). In either case, the RN retains accountability for the outcome.

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Approved: July 1995

Revised: September 1998, April 2000

# National Association of School Nurses

## Position Statement

### *Delegation*

#### **HISTORY:**

Advances in health care and technology offer greater opportunities for children with special health care needs to attend school. Considering the complexity of the care needed by these students, delegation of care by the school nurse to an unlicensed person in the school setting, if allowed by the state's nurse practice acts, can be a safe and fiscally responsible way to meet the health needs of the school community. Nevertheless, the school community must be aware that, to ensure the safety, health, and educational success of these students, there are limitations to the use of delegation.

#### **DESCRIPTION OF ISSUE:**

The incidence of chronic illnesses (e.g., asthma, diabetes, attention deficit disorder) in school-age children is increasing. In addition, complex medical problems that were at one time only managed at inpatient settings are now being managed in the community, including the school setting. Federal mandates and parental expectations that the school is indeed able to manage their child raises the demands for qualified personnel to ensure the health and safety of students with special health needs.

Delegation has been defined as "the transfer of responsibility for the performance of an activity to another, with the former retaining accountability for the outcome" (ANA, 1994, 11). Guidelines and standards for delegation of nursing care are further defined by each state's nurse practice act and its associated rules and regulations. Some states and territories restrict the procedures that can be delegated; others do not allow delegation at all.

Delegation of nursing care is a complex legal and clinical issue in any setting, and is especially challenging in schools. It is the school nurse who must have a clear understanding of what constitutes his or her scope of practice to ensure that state nursing practice acts are not violated, and to make certain that school health and safety are not threatened. In turn, this knowledge needs to be communicated to parents, administrators, school staff, and students to ensure they understand the legal and professional issues involved in delegation.

#### **RATIONALE**

Only a registered nurse can delegate nursing care. It is critical that the school nurse be involved in district policy development that addresses the issue of delegation of care in the school setting.

The school nurse is responsible for using professional nursing judgment to determine the appropriate level of care needed for each student, including whether or not tasks can be delegated. Once the school nurse determines that a task can indeed be delegated (based on the definition of delegation, guidelines provided by the state's nurse practice act, and assessment of the unique characteristics of the individual student needing nursing services), an appropriate delegatee must be chosen.

By definition, a delegated nursing service requires that the nurse train and supervise the delegatee and the health outcome of the student. The training must be documented. The documentation must reflect that the delegatee understands what needs to be done and demonstrates proficiency in performing the delegated task for each student. Ongoing and regular evaluation by the registered nurse is required in accordance with state, district, and/or school policy. The school nurse must take appropriate actions when the delegatee is unsafe in performing delegated tasks.



## CONCLUSION:

The National Association of School Nurses supports appropriate delegation of nursing services in the school setting, based on the definition of delegation, guidelines provided by state nurse practice acts, guidelines provided by the school nurse consultants council and the nursing assessment of the unique needs of the individual student. Only registered nurses can delegate nursing care in the school setting. The school nurse shall be involved in the development of school district policy and procedures related to delegation of care, to promote an understanding of the complex legal and clinical issues that surround delegation of care.

The health, safety, and welfare of the student must be the primary consideration in any decision to delegate. The school nurse making such a decision must be familiar with applicable nursing standards, the state's nursing practice act, and other applicable state and federal mandates. The school nurse must also be familiar with pertinent state education, public health and pharmacy laws and regulations.

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Adopted: September 1994

Revised: September 1995

Revised: October 2002

*Appendix F.1*

<p><b>ACCOMMODATION PLAN</b></p> <p>PERIOD from _____ to _____</p> <p>Review date _____</p>	<p><b>STUDENT</b></p> <p><b>SECTION 504</b></p> <p><b>ACCOMMODATION PLAN</b></p>												
<p>Name _____ Birthdate _____</p> <p>School _____ Grade _____</p> <p>Date of Plan Meeting _____</p>													
<p>Describe the nature of the concern which results in an unequal educational opportunity due to a handicapping condition:</p>													
<p>Describe the basis for determination of a handicapping condition:</p>													
<p>Describe the reasonable accommodations that are necessary:</p>													
<p>Participants</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Name</th> </tr> </thead> <tbody> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </tbody> </table>	Name	_____	_____	_____	_____	_____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Title</th> </tr> </thead> <tbody> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </tbody> </table>	Title	_____	_____	_____	_____	_____
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## *Appendix F.2*

### **Technical Skills and Services to Meet the Health Care Needs of Students in the School Setting**

All students requiring technical skills and services to meet their health care needs at school should be seen by a registered nurse (RN) for assessment, planning and monitoring. In addition, those students should have a health care action plan written and implemented by a registered nurse. The registered nurse may be employed by the school district or contracted from an agency where nursing services are available.

When a physician's written authorization is required for specialized health care, the physician may serve as a team member to develop a health care action plan. The procedure should not be performed at school unless clearly necessary and when it cannot reasonably be accomplished outside of school hours. Students and parents should inform school personnel of techniques and procedures being used at home.

There are certain procedures that cannot be performed by a non-medical person. School personnel, including the nurse, may need additional training for some procedures. If no registered nurse is available, a physician should determine who may safely provide care.

The Department of Health and Senior Services has training videos on a number of chronic health conditions and the care required in the school setting. Commercially available procedure books also include forms on which to document the skills taught. The caregiver, the parent and the nurse should all sign off on the initial training. The person delegating the care should periodically monitor the quality of the care to ensure the procedure is being followed as taught, is being documented as required and the caregiver is reporting concerns appropriately.

The following chart describes the student's health care needs and who may be considered as a caregiver. A physician or a registered nurse should make the determination based on an assessment of the child's health status, the complexity of the procedures and the capability of the proposed caregiver. The caregiver must be provided training and support until they feel competent to provide the care. The person delegating the care must be confident the caregiver has mastered the skills necessary.

### TECHNICAL SKILLS CHART

HEALTH CARE NEED	SCHOOL PERSONNEL						CIRCUMSTANCES REQUIRING NURSING JUDGEMENT	REMARKS
	RN	LPN	PT	OT	T	O		
Personal Care 1. Dressing (Assist with clothing)	X	X	X	X	X	X		Student and parent can inform school personnel of procedure being used at home.
2. Personal Hygiene Oral care Nail care Skin care Bathing Menstrual Hygiene	X	X	X	X	X	X	Evidence of rash, skin breakdown and/or infection	May request personal care items from parent unless activity is called for in IEP.
3. Decubitus Prevention Care	X X	X X	X	X	X	X *	*RN may determine if other caregivers may provide care for decubitus if evidence of granulation and non-healing.	Prevention care to be taught by RN, OT or PT.  Requires physician's orders.
4. Positioning	X	X	X	X	X	X	Evidence of skin breakdown and/or pain on movement.	Adequate space and equipment must be available. Positioning to be taught by PT, OT, or RN.
5. Exercise (range of motion or prescribed exercise program.	X	X	X	X	X	X	Evidence of pain or restricted movement.	May require a physician order. Adaptive PE teacher should be involved.
6. Ambulation (assistance with cane, walker, wheelchair, crutches)	X	X	X	X		X		Appropriate equipment must be available. May require physician's order. Adaptive PE teacher should be involved.
7. Casts, Braces and Prostheses (observation, alignment, functioning)	X	X	X	X	X	X	Evidence of impaired circulation, infection, pain, drainage or bleeding.	

HEALTH CARE NEED	SCHOOL PERSONNEL						CIRCUMSTANCES REQUIRING NURSING JUDGEMENT	REMARKS
	RN	LPN	PT	OT	T	O		
8. Use of Warm and Cold Applications	X	X	X	X		X	Change in skin color, texture, or temperature beyond what is expected from application.	May require physician's order. Supplies and equipment must be available. Special precautions to be observed for students with diabetes, heart disease or unstable body temperatures.
9. Measurements Temperature, Pulse and Respiration (TPR) Blood Pressure	X	X				*	Evidence of fluctuating or abnormal TPR.	Appropriate equipment must be available.  Medications may effect changes.
	X	X				*	Evidence of fluctuating BP or protocol requiring BP be taken before or after medication or treatment.	
Height/Weight	X	X	X	X	X	X	Evidence of frequent fluctuations or dramatic changes. Arrested growth.	
Intake/Output	X	X	X	X	X	X	Changes in usual patterns.	

HEALTH CARE NEED	SCHOOL PERSONNEL						CIRCUMSTANCES REQUIRING NURSING JUDGEMENT	REMARKS
	RN	LPN	PT	OT	T	O		
10. Medications (Assist student)	X	X				*	Medications requiring BP, radial or apical pulse before or after medication. Medications that require nursing judgement to determine dose.	The school should have a policies for medication administration, regardless of route of administration. Requires physician order (prescription) and parent authorization. Over the counter drugs require at least a parent authorization. Unlicensed personnel giving meds must be appropriately trained in specific routes of administration of medications. Training must be documented.
Oral	X	X				*	RN should provide the training of any personnel giving medications.	
Rectal	X	X				*		
Opthalmic (eye)	X	X				*		
Otic (ear)	X	X				*	Usually not delegated.	
Medications via gastrostomy or nasogastric tube	X	X				*	Evidence of displacement of tube, obstruction of tube, excessive vomiting or diarrhea	Requires prescription which must specify administration via feeding tube. Nursing personnel will follow health care action plan for reinsertion of tube if displaced.
Medication via intravenous tube (already in place)	X	X					Not to be delegated except to qualified nursing personnel.	Requires prescription. If tubing obstructed, follow health care action plan.
Medications by Intramuscular or subcutaneous injection	X	X					Not to be delegated except to qualified nursing personnel. Might be given by other trained personnel in an emergency, e.g., severe allergic reaction.	Requires prescription.

HEALTH CARE NEED	SCHOOL PERSONNEL						CIRCUMSTANCES REQUIRING NURSING JUDGEMENT	REMARKS
	RN	LPN	PT	OT	T	O		
11. Fluids								
• Nourishment Preparation	X	X	X	X	X	X	Special diets required. Evidence of change in student's oral, motor, swallowing, positioning and/or sensory abilities. May be delegated to qualified nursing personnel.	Student and parent/guardian should inform school personnel of procedures used at home.  Requires prescription
• Oral feedings	X	X	X	X	X	X		
• Hyperalimentation (high calorie intravenous feedings)	X						Evidence of obstruction, malabsorption, infection at insertion site, displacement of tube, excessive vomiting or diarrhea.	Procedure requires a prescription. If feeding does not require a prescription, schools that participate in USDA school lunch program must provide formula at price of regular lunch. Nursing personnel will follow health care action plan for reinsertion of tube.
• Gastrostomy or Nasogastric tube feeding (tube or button in place)	X					*		

HEALTH CARE NEED	SCHOOL PERSONNEL						CIRCUMSTANCES REQUIRING NURSING JUDGEMENT	REMARKS
	RN	LPN	PT	OT	T	O		
12. Bowel and Bladder Care:								
• Bedpan, urinal or commode	X	X				*	Evidence of infection and/or skin breakdown.	Appropriate equipment must be available.
• Care of Incontinent student (including diapering)	X	X				*	Evidence of infection and/or skin breakdown. Bowel/bladder training may be indicated.	Parent/guardian must provide supplies and clean clothing. Is an infection control issue.
• External Urinary Catheter	X	X				*	Evidence of infection or pain.	Parent/guardian provides supplies.
• Clean Intermittent Catheterization	X	X				*	Evidence of infection, pain, bleeding, inability to insert catheter.	Requires physician order and parent authorization. Student and parent inform school of procedures used at home.
• Indwelling Catheter	X	X				*		Parent/guardian to provide supplies.
• Prescribed Bowel and Bladder Training	X	X				*	Evidence of skin breakdown or infection.	Parent/guardian to provide supplies.
• Stoma Care	X	X				*		



HEALTH CARE NEED	SCHOOL PERSONNEL						CIRCUMSTANCES REQUIRING NURSING JUDGEMENT	REMARKS
	RN	LPN	PT	OT	T	O		
13. Respiratory Care: <ul style="list-style-type: none"> <li>• Postural drainage and/or percussion</li> <li>• Spirometer (assisted deep breathing)</li> <li>• Oxygen per mask or Cannula</li> <li>• Oxygen per nebulizer</li> <li>• Suctioning (oral) Machine or bulb</li> <li>• Tracheostomy</li> </ul>	X	X	X	X		*	Evidence of increasing respiratory distress	Requires physician order.  Requires physician order. Requires safety precautions for oxygen use, storage, etc. Parent/guardian provides equipment, supplies, and oxygen, and takes responsibility for moving oxygen tanks. Requires physician order. Alternate power supply must be available. Follow medication policy if drugs are administered via nebulizer.  Requires physician order.
	X					*	May be provided by respiratory therapist or delegated to qualified nursing staff. Evidence of increasing respiratory distress	
	X					*	May be provided by respiratory therapist or delegated.	
	X					*	May be provided by respiratory therapist or delegated. Evidence of increasing respiratory distress or obstruction. Need for medication.	
	X	X				*	Respiratory distress during suctioning. Evidence of bright red bleeding	
	X	X				*		
14. Dressings: <ul style="list-style-type: none"> <li>• Reinforcement</li> <li>• Clean dressing</li> <li>• Sterile</li> </ul>	X	X				*	Excessive bleeding or discharge. Complaints of pain or discomfort	Requires physician order. Parent/guardian provides supplies.
	X	X				*		
	X	X					May be delegated to qualified nursing personnel	

HEALTH CARE NEED	SCHOOL PERSONNEL						CIRCUMSTANCES REQUIRING NURSING JUDGEMENT	REMARKS
	RN	LPN	PT	OT	T	O		
15. Specimen collection (Urine, stool, sputum, Blood, throat culture)	X	X				*	Evidence of infectious disease	Requires a physician order. Is an infection control issue. Health care provider or parent/guardian provides supplies and appropriate collection container. Observe universal precautions, wearing gloves.
16. Specimen testing Urinalysis Hematocrit Blood Glucose monitoring	X X X	X X X				* *	Report questionable results	Designate personnel to monitor self-testing by student. Parent/guardian to provide supplies. Requires physician order

RN – Registered Nurse

LPN – Licensed Practical Nurse

PT – Physical Therapist

OT – Occupational Therapist

T – Teacher(s)

O -- Others Includes individual appropriately trained, as specified in health care action plan for student. Training may be done by personnel listed as providers.

If another type of specialized procedure is required by a student in the school setting, the student/family, student's physician and school staff, including the registered nurse will jointly determine who can best provide the care.

### *Appendix F.3*

#### **Competencies of Personnel Providing Health Services in Schools**

In exploring the provision of health-related services in schools, it is necessary to outline the competencies of the individual providing the care. This is necessary not only from a legal, but from an ethical standpoint. The following provides a summary of these competencies.

##### **I. Registered Nurse**

- A. The nurse must have a current license in good standing to practice as a registered nurse in the state of Missouri.
- B. Performance of professional nursing services means the performance of both independent nursing functions and delegated medical and dental functions which require specialized knowledge, judgement and skill and as governed by the Missouri Nurse Practice Act.
- C. The professional nurse has an ethical and legal responsibility to provide care according to the code of ethics and the Nurse Practice Act.
- D. Special competencies of the registered nurse include, but are not limited to, the ability, knowledge and skill to perform the following activities:

##### **1. Assessment**

- a) Obtain health information from health care providers
- b) Determine the depth to which the health assessment is required for each individual student
- c) Use physical assessment skills in determining the current health status of the student
- d) Interpret health history information, medical reports, nursing observations and test results
- e) Determine the importance of the health information and its impact on the educational process
- f) Make specific recommendations regarding care

##### **2. Planning**

- a) Develop a health care plan to meet the student's individual health needs in the school setting; and
- b) Collaborate with school personnel, student, parents and primary care provider to develop this plan.

##### **3. Implementation and Evaluation**

- a) Coordinate all medical contacts, referrals and interpretation of medical data
- b) Manage the health care plan for the student's special needs in the school setting
- c) Provide direct health care services for the student when appropriate and if properly trained

- d) Develop procedures and provide training for others providing care
- e) Monitor the health services provided by other school personnel
- f) Make recommendations to modify the school program to meet the student's health care needs
- g) Provide health consultation/health education/health promotion to the student and family
- h) Act as a liaison between school, community health care providers, parent and student
- i) Periodically evaluate the health care plan and set new goals and objectives to meet the student's current needs

## **II. Other school personnel providing health related services in school settings**

- A. Professionals certified by the Missouri Department of Elementary and Secondary Education should follow the standards of their profession in relation to their involvement in the health care plan.
- B. Non-certified school personnel are identified as those functioning under the direction of the principal, with consultation with the school nurse. This category would include secretaries, health aides, teacher aides, etc. This group is referred to as unlicensed assistive personnel (UAP). Licensed practical nurses must be supervised by a registered nurse or a physician.

Qualifications of these UAPs include, but are not limited to:

- Is currently trained in first aid and CPR
- Participates in training and mastery evaluation of skills
- Is dependable and reliable when working within the confines of guidelines and health care plans
- Uses discretion and respects confidentiality of information
- Exercises good judgement and requests additional assistance when necessary
- Provides designated health care services, within the individual's ability and training, for the student as identified in the plan and monitored by the registered nurse

**Appendix F.4**  
**Individualized Health Care Action Plan - Sample**

Health Care Plan Period _____ to _____ Review date _____	<b>INDIVIDUALIZED HEALTH CARE ACTION PLAN</b>
<b>I. IDENTIFYING INFORMATION</b>	
Student's name _____	School _____
Birthdate _____	Teacher _____
Age _____	Grade _____
<b>CONTACTS</b>	
<b>PARENT/GUARDIAN</b> Mother's name _____ Home Phone _____ Address _____ Work Phone _____ Father's name _____ Home Phone _____ Address _____ Work Phone _____	
<b>PHYSICIAN</b> Physician _____ Phone _____ Address _____	
<b>HOSPITAL</b> Hospital Emergency Room _____ Phone _____ Hospital Address _____ Phone _____	
<b>EMERGENCY MEDICAL SERVICES</b> _____	
<b>II. MEDICAL OVERVIEW</b>	
Medical condition _____ Any Known Allergies _____	
Medications _____	
Possible side effects _____	
Health care procedures needed at school _____	

III. OTHER SIGNIFICANT INFORMATION				
<input type="checkbox"/> Emergency Action Plan on file <input type="checkbox"/> Individual Health Plan on file				
IV. BACKGROUND INFORMATION/NURSING ASSESSMENT				
Brief Medical History				
Special Health Care Needs				
Social/Emotional Concerns				
V. HEALTH CARE ACTION PLAN				
Attach physician's order and any specialized procedure.				
Student specific procedures/interventions				
Procedure	Performed by	Equipment	Maintained by	Authorized/trained by

V. HEALTH CARE ACTION PLAN (cont.)		
Medications		
Dietary Needs		
Transportation Needs		
Classroom/School Modifications (including adaptive PE)		
Equipment – list necessary equipment/supplies	Provided by parent	Provided by school
None required		
Safety measures		
Substitute/Back up (when primary caregiver is not available)		
Possible problems to be expected when performing procedure(s)		
Emergency Plan _____ Transportation Plan _____		

## VI. DOCUMENTATION OF PARTICIPATION

We have participated in the development of the Health Care Action Plan and agree with its contents.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Administrator or Designee

\_\_\_\_\_ Parent

\_\_\_\_\_ Nurse

\_\_\_\_\_ Teacher

\_\_\_\_\_

\_\_\_\_\_

## VI. PARENT AUTHORIZATION FOR SPECIAL HEALTH SERVICES

We (I), the undersigned who are the parents/guardian of \_\_\_\_\_  
Birthdate \_\_\_\_\_, request and approved this Health Care Action Plan. We (I), understand that a qualified person(s) will be performing the health care service. It is our understanding that in performing this service, the designated person(s) will be using the attached special care procedure which has been approved by the student's physician and health care team.

We (I) will notify the school immediately if the health status of \_\_\_\_\_  
changes, if we change physicians, or there is a change or cancellation of the procedure.

We (I) agree to provide the following, if any: medication, medication equipment and supplies and dietary supplements requiring a prescription.

<p>_____</p> <p>Parent Signature</p> <p>Date _____</p>	<p>_____</p> <p>Parent Signature</p> <p>Date _____</p>
--	--



**Appendix F.5**  
**Emergency Action Plan - Sample**

Emergency Action Plan Period _____ to _____ Review Date _____	<b>EMERGENCY ACTION PLAN</b>
<b>I. IDENTIFYING INFORMATION</b>	
Student Name	Birthdate
Primary Physician	Phone
Specialist Physician	Phone
Preferred Hospital	Allergies
<b>II. STUDENT SPECIFIC INFORMATION</b>	
If you see this . . .	Do this . . .
<b>IF AN EMERGENCY OCCURS</b>	
<ol style="list-style-type: none"> <li>1. Stay with the student or designate another adult to do so.</li> <li>2. Call or designate someone to call the school nurse and/or principal or building administrator.               <ol style="list-style-type: none"> <li>a. State who you are.</li> <li>b. Where you are located (school, location in building).</li> <li>c. Nature of the problem.</li> </ol> </li> <li>3. The nurse will assess the child and determine whether the emergency plan should be implemented.</li> <li>4. If the nurse is unavailable, the following staff members are trained to deal with this emergency, and to initiate the emergency plan. If situation appears to be life-threatening, call 911.</li> </ol>	
Staff Member(s)	Location

## TRANSPORTATION PLAN FOR STUDENT WITH SPECIAL HEALTH CARE NEEDS

## **I. ADAPTATIONS/ACCOMMODATIONS REQUIRED**

\_\_\_\_ Transportation Aide

## Bus Lift

\_\_\_\_\_ Seat Belt

\_\_\_\_\_ Special Restraint

\_\_\_\_\_ Wheel Chair tie down

\_\_\_\_\_ Space for equipment: specify \_\_\_\_\_

## II. POSITIONING OR HANDLING REQUIREMENTS

None

Describe

### III. BEHAVIOR CONSIDERATIONS

\_\_\_\_\_ None

Describe

#### IV. TRANSPORTATION STAFF TRAINING

Training has been provided to drivers and substitute driver(s). \_\_\_\_ yes \_\_\_\_no

Describe training provided

Date training completed \_\_\_\_\_

## V. STUDENT SPECIFIC EMERGENCY PROCEDURES

[illegible]

## *Appendix F.7*

### **Care of Equipment**

#### **Definitions :**

##### ***Care of***

implies looking after or dealing with something or someone.

##### ***Equipment***

is something material with which a person, organization or entity is equipped, i.e., the instruments, apparatus or things required for a particular job or purpose.

#### **Purpose:**

- To ensure the equipment will function when needed by the student for routine care or in an emergency
  - To minimize the risk of infection from equipment shared by several students
  - To reduce risk of infection from repeated use of equipment by the same student
- 
- |   |   |
|---|---|
| <ol style="list-style-type: none"><li>1. Obtain the manufacturer's instructions from the supplier or the parent.</li><li>2. Become very familiar with the equipment.</li><li>3. Make sure all supplies are on hand.</li><li>4. Keep parts and equipment in a labeled resealable plastic bag with the equipment.</li><li>5. Maintain a current list of local supplies of oxygen, IV equipment, odd-sized hardware.</li><li>6. Work with the classroom teacher to establish a clean area for student's extra clothing and supplies.</li></ol> | <ul style="list-style-type: none"><li>• Make two copies; keep one in your building file, keep the other in a resealable bag with the piece of equipment.</li><li>• Arrange for a knowledgeable representative to provide a demonstration. This might be the therapist, family member, home care provider, hospital staff, manufacturer representative, pharmaceutical sales person and/or the physician.</li><li>• Arrange for the family to provide any specialized cleaning supplies, any special tools (odd sized screwdrivers, wrenches, etc.) and spare parts (tubing, nuts, bolts, screws, spare glass suction bulbs, bottles, etc.</li><li>• If it must be stored separately, attach a note to the equipment telling where it is stored.</li><li>• Keep this list as well as a notation about an individual student's supplier because you may need a second source to call in an emergency.</li><li>• This is separate from personal care items and soiled items that will be sent home with the student.</li></ul> |
|---|---|

7. Recommend that each person working with the student, wash the equipment with soap and water, rinse, disinfect, rinse and dry after each use.
  - Refer to Universal Precautions regarding care of surfaces, equipment, etc.
8. Work with the building administrator and custodian to have the bathrooms and large surfaces cleaned and disinfected daily and as needed.
  - Refer to Universal Precautions.
9. Determine who will prepare any disinfectant solution(s), how often and where they will be stored.
  - This should be decided on a building level, usually by the custodian.
10. Work with the custodian to maintain a supply of plastic bags and disposable gloves.
  - Place a supply in each classroom and work area.
11. Obtain at least one covered puncture-resistant container to be used to discard sharp items that might be contaminated with body fluids.
  - Secure a sharps container for each building.
12. Provide instruction for proper care of used needles and other supplies contaminated with body fluids.
  - All staff should receive instruction in Universal Precautions on an annual basis. Follow school district/local community health policy to arrange for proper disposal of the sharps container when full.
13. Assign a specific person to care for equipment used in special care procedures.

*Appendix F.8*

**Sample Letter To Physician Regarding Health Care Plan**

DATE

Dear Dr. \_\_\_\_\_;

The \_\_\_\_\_ school district has been asked to provide specialized health care for your patient, \_\_\_\_\_.

If it is essential that this procedure be provided during school hours, we will need your written order on file.

Attached is a tentative health care plan for this student, including a description of a standardized procedure. Please review these materials, make written comments and provide the requested information to guide us in providing a safe school environment. We will incorporate your comments and make adjustments in the procedure as directed. Services will begin when we have the necessary orders and adequately trained personnel in place.

Please feel free to contact \_\_\_\_\_, who is assuming the responsibility for the management of this student's health care in our school. She (he) can be reached at \_\_\_\_\_ (add best time to call, if this is pertinent).

Sincerely,

## **Resources for Special Health Care Needs**

### **The School Nurse's Source Book of Individualized Health Plans, Volume I and II, Mary Kay Haas, Editor**

Missouri Association of School Nurses, Attn: Genie Drown

Ph: (573) 696-2282 or E-mail: [gdrown@mail.hallsville.k12.mo.us](mailto:gdrown@mail.hallsville.k12.mo.us)

Volume I (book) \$39.95 (plus shipping, est. \$3.85)

Volume II (book) \$44.95 (plus shipping, est. \$3.85)

MacGill (800) 323-2841

Volume I (book) \$33.60 (plus \$3.75 shipping and handling)

Volume II (book) \$39.90 (plus \$3.75 shipping and handling)

Volume I (software only/IBM or Mac) \$40.00 (plus \$3.75 shipping and handling)

Volume I (book and software/IBM or Mac) \$73.00 (plus \$3.75 shipping and handling)

Sunrise River Press (800) 895-4585

Volume I (book) \$39.95 (plus \$4.95 shipping and handling)

Volume II (book) \$44.95 (plus \$4.95 shipping and handling)

Volume I and II (software only) \$84.95 (plus \$4.95 shipping and handling)

Volume I and II (software and books) \$154.95 (plus \$4.95 shipping and handling)

### **Managing the School Age Child with a Chronic Health Condition, Georgianna Larson, Editor**

Missouri Association of School Nurses, Attn: Genie Drown

Ph: (573) 696-2282 or E-mail: [gdrown@mail.hallsville.k12.mo.us](mailto:gdrown@mail.hallsville.k12.mo.us)

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Sunrise River Press (800) 895-4585

\$29.95 (plus \$4.95 shipping and handling)

### **Children and Youth Assisted by Medical Technology in Educational Settings (1997)**

(Guidelines for Care), Project School Care, Boston Children's Hospital

Paul Brookes Publishing Co (800) 638-3775

\$53.00 (plus \$5.30 shipping and handling)

School Health (800) 323-1305

\$50.95 (plus shipping and handling)

### **Computerized Classroom Health Care Plans for School Nurses (3rd Edition)**

(Comes with manual and more than 100 different care plans on disk and hard copy, available in Microsoft Works or Microsoft Word for IBM or Mac)

JMJ Publishers, 1156 Wilson Ave, Salt Lake City, UT 84105, Ph: (801) 487-3017

\$89.00 (includes shipping and handling)

MacGill (800) 323-2841

\$85.00 (plus \$3.75 shipping and handling)